

Consultant Exam Form

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. What is the CPT billing code assigned for this session? _____
- 2a. Was a diagnosis established or confirmed through this teleconsultation?
- ☐ Yes
☐ No → Skip to question 3

If you answered "yes" to question 2a:

2b. What is your diagnosis?

a) _____ ICD-9: _____
b) _____ ICD-9: _____
c) _____ ICD-9: _____

If you answered "yes" to question 2a:

2c. Is this a differential diagnosis?

- ☐ Yes
☐ No

3. How certain are you of your own working diagnosis in this case? (check one)
- ☐ Very certain
☐ More certain than uncertain
☐ More uncertain than certain
☐ Very uncertain
4. How certain are you of your own working management plan in this case? (check one)
- ☐ Very certain
☐ More certain than uncertain
☐ More uncertain than certain
☐ Very uncertain
- 5a. Did you recommend a follow-up appointment? (Mark all that apply)
- ☐ No
☐ Yes, with me using telephone
☐ Yes, with me in person
☐ Yes, with me using telemedicine
☐ Yes, with referring provider
☐ Yes, with other specialist using telemedicine
☐ Yes, with other specialist in person
☐ Other

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If you answered "other" to question 5a:

5b. Specify other: _____

6. What is your recommendation for patient care?

- ☐ Treat patient in my own practice
- ☐ Refer patient back to primary care provider for management
- ☐ Refer patient to another provider in his or her community
- ☐ Admit patient to hospital in his or her community
- ☐ Admit patient to a hospital outside his or her community

7a. Have you seen this patient previously?

- ☐ No, this is a new patient
- ☐ Yes, as an *inpatient*
- ☐ Yes, as an *outpatient*
- ☐ Yes, using telemedicine
- ☐ Other

If you answered "other" to question 7a:

7b. Specify other: _____

8a. Were any peripheral devices used during the teleconsultation (e.g., otoscope, stethoscope, etc.)?

- ☐ Yes
- ☐ No → Skip to question 9a

If you answered "yes" to question 8a:

8b. Did the peripheral devices work satisfactorily?

- ☐ Yes → Skip to question 9a
- ☐ No

If you answered "no" to question 8b:

8c. If no, please explain: _____

9a. Did you review any radiographs, EKGs, ultrasounds, echocardiograms, pathology slides, etc. over the telemedicine system?

- ☐ Yes
- ☐ No

If you answered "yes" to question 9a:

9b. Was the resolution of the images satisfactory for the purposes of this consultation?

- ☐ Yes
- ☐ No

If you answered "no" to question 9b:

9c. If no, please explain: _____

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Forms Pertaining to Patients' Use of Telemedicine

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**PATIENT DEMOGRAPHICS
OVERVIEW/PROTOCOL
(PTDEM)**

- PURPOSE:** To obtain patient-level information at the time of the first consult on patients participating in the study. The instrument requests basic demographic information from the patient.
- HOW COLLECTED:** Data will be obtained by the Referring Facility Data Collector. If the patient or accompanying adult is willing to do so, he or she can complete the PTDEM while waiting for the consult. If for some reason the patient or accompanying adult is unable to complete the PTDEM independently, the Data Collector will interview the patient or accompanying adult.
- WHEN COLLECTED:** The interview should be completed prior to the first telemedicine consultation, preferably while the patient is waiting. This form should only be completed once for each patient.
- INSTRUCTIONS:** If the patient or accompanying adult completes the PTDEM himself or herself, the patient or accompanying adult should mark the correct response as appropriate or print answers/numbers where requested. Once completed by the patient or accompanying adult, the Data Collector should immediately check the instrument for completeness and clarity of all responses. If any questions are unanswered, or if the patient's response is unclear, the Data Collector should ask the patient or accompanying adult for the correct answer. If the Data Collector interviews the patient or accompanying adult, ask all questions of the patient or accompanying adult unless specifically directed to skip questions based on a previous answer.

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Patient Demographics

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. Medicaid number: _____
2. Social Security number: _____
- 3a. Of which ethnic group do you consider yourself a member? (This is optional.)
- ☐ White (non-Hispanic)
 - ☐ Black/African-American
 - ☐ Hispanic/Latino
 - ☐ Asian
 - ☐ American Indian, Alaska Native, Aleut
 - ☐ Other

If you answered "other" to question 3a:

- 3b. Specify other ethnic group or race _____
- 4a. What type(s) of health insurance do you have, if any? (Mark all that apply)
- ☐ None, I am paying for this myself
 - ☐ Medicare
 - ☐ Medicare Health Maintenance Organization (HMO)
 - ☐ Medicaid
 - ☐ Medicaid Health Maintenance Organization (HMO)
 - ☐ Commercial health insurance (private or through your job)
 - ☐ Health Maintenance Organization (HMO)
 - ☐ My current problem is covered by Workers' Compensation
 - ☐ CHAMPUS
 - ☐ Other

If you answered "other" to question 4a:

- 4b. If other, please specify: _____
- 5a. Are you currently employed?
- ☐ Part-time
 - ☐ Full-time
 - ☐ Unemployed → Skip to question 6
 - ☐ Homemaker → Skip to question 6
 - ☐ Retired → Skip to question 6

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If you answered "part-time" or "full-time" to question 5a:

5b. Are you able to take sick leave without losing pay?

- ☐ Yes
- ☐ No
- ☐ Declined to answer

If you answered "part-time" or "full-time" to question 5a:

5c. What type of work do you do?

- ☐ Professional
- ☐ Technical
- ☐ Manager
- ☐ Administrator
- ☐ Salesperson
- ☐ Clerical
- ☐ Laborer
- ☐ Service worker
- ☐ Farm manager
- ☐ Farm laborer
- ☐ Driver (truck or other form of transportation)
- ☐ Manufacturing or assembly work
- ☐ Skilled trade
- ☐ Other

6. What was your total combined household income during the last year, including all sources (wages, salaries, social security, retirement income, unemployment, public assistance, interest, etc.)?

- ☐ Less than \$8,000
- ☐ \$8,001 to 15,000
- ☐ \$15,001 to \$25,000
- ☐ \$25,001 to \$35,000
- ☐ \$35,001 to \$50,000
- ☐ Over \$50,000

7. What level of education have you completed?

- ☐ Less than high school diploma
- ☐ GED or equivalent
- ☐ High school diploma
- ☐ Some college/vocational school
- ☐ College graduate
- ☐ Graduate degree

8. Are you able to speak and read English?

- ☐ Read English
- ☐ Speak English
- ☐ Read and speak English
- ☐ Neither read nor speak English

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**PATIENT TRAVEL FORM
OVERVIEW/PROTOCOL
(PTF)**

- PURPOSE:** To obtain information on patient travel and time spent to obtain medical care. The instrument consists of a series of questions concerning indirect costs to the patient.
- HOW COLLECTED:** Data will be obtained by the Referring Facility Data Collector. If the patient or accompanying adult is willing to do so, he or she can complete the PTF immediately after the consult. If for some reason the patient or accompanying adult is unable to complete the PTF independently, the Data Collector will interview the patient or accompanying adult.
- WHEN COLLECTED:** The interview should be completed immediately following each telemedicine consultation.
- INSTRUCTIONS:** If the patient or accompanying adult completes the PTF himself or herself, the patient or accompanying adult should mark the correct response as appropriate or print answers/numbers where requested. Once completed by the patient or accompanying adult, the Data Collector should immediately check the instrument for completeness and clarity of all responses. If any questions are unanswered, or if the patient's response is unclear, the Data Collector should ask the patient or accompanying adult for the correct answer. If the Data Collector interviews the patient or accompanying adult, ask all questions of the patient or accompanying adult unless specifically directed to skip questions based on a previous answer.

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Patient Travel Form

Site: _____
Patient: _____
Consult Date: _____
Primary Provider: _____
Consulting Provider: _____

1. Approximately how far did you travel for this telemedicine interaction (one way, in miles)?

_____ miles

- 2a. By what means did you travel?

- ☐ Personal vehicle
☐ Ambulance
☐ Taxi
☐ Public transportation
☐ Other

If you answered "other" to question 2a:

2b. Specify other travel means _____

- 3a. Was it necessary for you to pay for child or dependent care in order to attend this session?

- ☐ Yes
☐ No → Skip to question 4

If you answered "yes" to question 3a:

- 3b. What was the amount (in dollars)?

\$ _____

4. Could you have seen a consultant in this specialty who visits your community regularly?

- ☐ Yes
☐ No
☐ Don't know

- 5a. Without telemedicine, would you have had to travel to see a consultant in this specialty?

- ☐ Yes
☐ No → Skip to question 6a
☐ Don't know → Skip to question 6a

If you answered "yes" to question 5a:

- 5b. How far would it have been necessary to travel (one way, in miles)?

_____ miles

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If you answered "yes" to question 5a:

5c. How would you have traveled to see the consultant in person?

- ☐ Personal vehicle
- ☐ Ambulance
- ☐ Taxi
- ☐ Public transportation
- ☐ Other

If you indicated "other" in question 5c:

5d. Specify other mode of transportation _____

6a. Was it necessary for you to miss work for the telemedicine session?

- ☐ Yes
- ☐ No → Skip to question 7a
- ☐ Not applicable → Skip to question 7a

If you answered "yes" to question 6a:

6b. If you missed work, how much time was missed?
_____ hours/minutes

7a. Was it necessary for someone else to miss work to bring you to this telemedicine session?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If you answered "yes" to question 7a:

7b. If someone else missed work, how much time was missed?
_____ hours/minutes

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**PATIENT HEALTH STATUS FORM
OVERVIEW/PROTOCOL
(PHSF)**

PURPOSE: To obtain patient-level information at two points on telemedicine patients participating in the study. The purpose is to obtain information in the following areas:

- 1) Health status;
- 2) Current health perceptions;
- 3) Mental health;
- 4) Current complaints and symptom distress; and
- 5) Recent medical history and current medications.

HOW COLLECTED: The first data collection will be obtained by the Referring Facility Data Collector. If the patient or accompanying adult is able to do so, he or she can complete the PHSF while waiting for the consult. If for some reason the patient or accompanying adult is unable to complete the PHSF independently, the Data Collector will interview the patient or accompanying adult.

WHEN COLLECTED: The first data collection should be completed by the Site Data Collector prior to the first telemedicine consultation, preferably while the patient is waiting. This form should be completed once for each patient.

INSTRUCTIONS: If the patient completes the first PHSF himself or herself, the patient or accompanying adult should mark the correct response as appropriate, or print answers/numbers where requested. Once completed by the patient or accompanying adult, the Data Collector should immediately check the instrument for completeness and clarity of all responses. If any questions are unanswered, or if the patient's responses are unclear, the Data Collector should ask the patient or accompanying adult for the correct answer. If the Data Collector interviews the patient or accompanying adult, ask all questions of the patient or accompanying adult unless specifically directed to skip questions based on a previous answer.

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